

STAND UP AGAINST TOBACCO

REALITY IL



WHAT IS REALITY?

We are a youth group working on healthy community changes regarding tobacco prevention.

WHAT'S IN IT FOR YOU:

- Make a lasting difference in your community
- Meet other youths in Will County
- Earn community service hours
- Improve college, scholarship, and job applications
- Earn merchandise and gift cards

**JOIN US BY TEXTING YOUR NAME
AND PHONE NUMBER TO (630) 394-3609**

For additional information, contact Shree Woods
at the Will County Health Department (815) 774-4482

**REALITY Illinois Will County
PARTICIPANT CONSENT FORM AND IMAGE RELEASE**



Participants must have parental/guardian permission to participate in the activities of REALITY Illinois coordinated by the Tobacco Control and Prevention program of the Will County Health Department (WCHD). Participants understand that they may be videotaped and interviewed during activities. Participants further agree to allow the WCHD to use their picture and/or voice in documents and programs developed in conjunction with any prevention campaign activities including but not limited to advertising, promotion, education, media, Internet and other uses. Participants agree that they are not entitled to payment for their participation and/or use of their picture or voice now or in the future.

In case of emergency, if the WCHD employees cannot get in touch with the contact listed below, the participant and/or his/her parent/guardian consent to the WCHD employees to provide necessary medical treatment or transportation of the participant to the hospital.

I acknowledge that with this signature I authorize the WCHD to release my name and/or my child's name and/or image in conjunction with the promotion/program that I/they have entered. I clearly understand that my/their name, words, artwork, or any other personal program materials may be used in conjunction with news releases, displays, posters, billboards, photographs, pictures, motion picture, or other promotional materials at the discretion of the WCHD.

I have read and understand the participant consent form and agree to the terms contained herein.

(Please print clearly)

Participant Name

Participant Signature

Date

Parent/Guardian Name (If participant is under 18 years of age)

Parent/Guardian Signature (If participant is under 18 years of age)

Date

Address

City, State, Zip Code

(____) _____ - _____
Home Phone Number

(____) _____ - _____
Parent Cell Phone Number

Parent Email

Name of Emergency Contact

Relationship to Participant

(____) _____ - _____
Emergency Contact Phone Number